

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

DEMOGRAPHICS

Site Name & Number: VENTRESS-0845	Patient Name: (Last, First) Strickland Willie	Date: (mm/dd/yy) 2.25.05
Site Phone # 334-7758178	Alias: (Last, First)	Date of Birth: (mm/dd/yy) [REDACTED]
Site Fax # 334-775-8178	Inmate # 226537	PHS Custody Date: (mm/dd/yy) / /
Will there be a charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Potential Release Date: (mm/dd/yy) / /

Responsible party: ☐ PHS ☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)
☐ Auto Ins. ☐ Other, be specific (Excludes Medicare and Medicaid):

CLINICAL DATA

Requesting Provider: ☒ Physician ☐ NP, PA ☐ Dental
 Dr. Rayapati
 Facility Medical Director Signature and Date:
 Samuel Rayapati, MD
☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV) ☐ X-ray (XR) ☐ Scheduled Admission (SA)
☐ Outpatient Surgery (OS) ☐ Dialysis (DA)
☒ Routine ☐ Urgent

Estimated Date of Service (mm/dd/yy) / /
 (This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: ☐ Radiation therapy
 Number of Visits/Treatments: ☐ Chemotherapy
☐ Other:

Specialist referred to:

Type of Consultation, Treatment, Procedure or Surgery:
 Dr. Whigton

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

Small RUH - with
 no significant lab.
 easily reducible

Results of a complaint directed physical examination:

R/U - Examination
 reveals no significant
 changes from the
 past

Previous treatment and response (including medications):

now prescribed -

TRUE FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
 NOT TO BE PHOTO COPIED

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized

- ☐ Alternative Treatment Plan (explain here):
☐ More Information Requested: (See Attached)
☐ Resubmitted with requested information.

Date resubmitted:
 / /

Regional Medical Director Signature,
 printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:	Med Class:	UR Auth #:
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Fax 2-28-05

**IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

WILLIE R. STRICKLAND, PRO SE,

PLAINTIFF,

V.

CASE NO. 2:05-CV-931-F

SAMUEL RAYAPATI, et. al.,

DEFENDANTS

Rebutal to sworn affidavit of Samuel Rayapati, M.D.

Samuel Rayapati states he has been licensed in the State of Alabama since 1992, and medical director since February 18, 2004.

ANSWER

Samuel Rayapati was license to practice medicine in th State of Georgia and was licensed at all times relevant to matters stated herein. See Exhibit C.

From on or about August 31, 1994 though July 15, 1996 Dr. Rayapati provided treatment for patient J.M. Patient died due to developing Stevens Johnson disease as an adverse drug reaction to allopurinol. Medical experts believe Dr. Rayapati's diagnosis and treatment fell below minimal standards of prevailing medical practice. In June 9, 200 conduct constitutes sufficient grounds for imposition upon Dr. Rayapati's license to practice medicine in the State of Georgia, and ordered him to obtain thirty hours of continuing medical education of the diagnosis and treatment of gout and adverse drug reactions which took him 4 years.

On February, 2004, Dr. Rayapati asked the State Board of Medical Examiners in Georgia that the probation of respondents license to practice

medicine in the state of Georgia be terminated, and was ordered so.

2. Dr. Rayapati himself referred Plaintiff on June 14, 2004 and also on February 25, 2005 to an office visit for a consultation to determine if surgery was needed. On both occasions the Plaintiff was denied, proving Deliberate indifference. Dr. Rayapati states in his sworn affidavit states "Appropriate standard of care has been adhered to at all times in providing medical care, evaluation and treatment to this inmate." The evaluation was never done.

3. Dr. Rayapati also states "Strickland's known medical complaints and conditions have been addressed as promptly as possible." If 18 months is prompt I'd hate to see slow.

Respectfully yours,

Willie Strickland PROSE:
Willie R. Strickland
AIS #226537 Dorm 3
Post Office Box 767
Clayton, AL. 36016-0767

BEFORE THE COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

Composite State Board
of Medical Examiners

FEB 18 2004

IN THE MATTER OF:

SAMUEL RAYAPATI, MD
License # 037345
Respondent

DOCKET NUMBER

Docket No. 99-mb-00-125

11:24

PUBLIC CONSENT ORDER TERMINATING PROBATION

WHEREAS, the Composite State Board of Medical Examiners ("Board") entered a Consent Order In the above styled matter on June 9, 2000, which placed Respondent's license to practice medicine in Georgia on probation; and


WHEREAS, Respondent has petitioned to have the probation terminated; and

WHEREAS, the Board has determined that the Respondent has complied with all the terms and Conditions of the probation,

NOW, THEREFORE, IT IS HEREBY ORDERED that the probation of Respondent's license to practice medicine in the State of Georgia be **TERMINATED**.

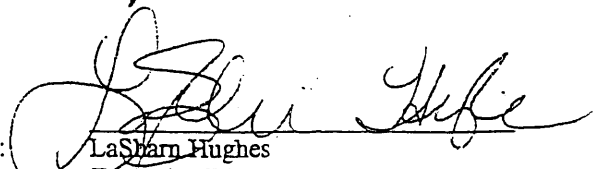
SO ORDERED, this 18th day of February 2004.

COMPOSITE STATE BOARD OF
MEDICAL EXAMINERS


Grace W. Davis, MD, M.P.H.
President

(BOARD SEAL)

ATTEST:


LaSharn Hughes
Executive Director

2004 FEB 18 AM 11:24